Addendum I

SUBJECT: Request for Competitive Sealed Proposals – Enhanced Disease Surveillance System (RFCSP 23-072, RFX # 6100016711) Scheduled to Open: May 12, 2023; Date of Issue: March 23, 2023

FROM: Jennifer Johnson, Procurement Administrator

DATE: May 1, 2023

THIS NOTICE SHALL SERVE AS ADDENDUM NO. I - TO THE ABOVE REFERENCED REQUEST FOR COMPETITIVE SEALED PROPOSALS

THE ABOVE-MENTIONED REQUEST FOR COMPETITIVE SEALED PROPOSAL IS HEREBY AMENDED AS FOLLOWS:

1. **The RFCSP deadline has been extended to May 26, 2023; 2:00PM CT.**
2. **ADD:** Pre-Submittal Sign in Sheet, this document will be posted as a separate document.
3. **Remove** ATTACHMENT B PRICE SCHEDULE and replace with 23-072 ATTACHMENT B PRICE SCHEDULE FINAL REVISED v2. Posted as a separate document. All respondents must submit 23-072 ATTACHMENT B PRICE SCHEDULE FINAL REVISED v2,

QUESTIONS SUBMITTED IN ACCORDANCE WITH SECTION 008, SUBMISSION OF PROPOSALS, RESTRICTIONS ON COMMUNICATIONS

On April 3, 2023, the City of San Antonio hosted a Pre-Submittal conference to provide information and clarification for the Enhanced Disease Surveillance System. Below is a list of questions that were asked at the pre-submittal conference and the City's official response to questions asked is as follows:

Question 1: Are scanned and faxed documents in structured format? If structured, how many different formats are currently being processed?

Response: Formats range by provider. Right now, the City has over 100 providers with unique formatting. The ability to add new structures as new providers send documents will be necessary.

Question 2: Presumably the faxes or couriered documents would be scanned docs. Would they have to be OCR processed to convert them to text that could be further processed and parsed?

Response: If OCR is the solution being suggested, then the documents would need to be scanned in order to undergo that process.

Question 3: Is an electronic standard such as the ECR standard used for sending and possibly receiving case reporting data?

Response: Yes. The ECR standard should be used.

Question 4: How will contact tracing data be electronically communicated? is there a specification to be in place for that?

Response: The City requires further clarification to answer this question.

Question 5: Will the City's end-users have access to the system that is selected but also access to the NEDSS system used by the state?

Response: Some administrators and high-level users would still have access to NEDSS but the ideal solution is a bidirectional integration with real time automatic updates or interface to an external system.

Question 6: Does the City have an expected start date?

Response: Evaluation and selection of the vendor is anticipated to occur during June - August 2023 with implementation of the solution by May 2024.

Question 7: Regarding the requirement to identify outbreaks, what does identifying an outbreak involve? Is the City looking for some kind of geographical info system? Artificial intelligence to be tracking clusters? some kind of time-based cluster analysis? Or is the City looking for more of visualization tool that gets regularly reviewed for infectious disease reporting?

Response: For Outbreak Management, the staff currently depends on Microsoft Excel, Word, and SharePoint for tracking and reporting. Specialized staff conduct the investigations, complete the case reports and enter information directly into NEDSS/NBS or THISIS once the condition is known. Then it is classified as a reportable condition.

Question 8: Regarding contact tracing, if an outbreak involves contact, is the City also looking at pathogen-based tracing?

Response: Yes, while outbreaks could be based off investigating a group of individuals with generic symptoms, they could also be pathogen-based (i.e., salmonella outbreak). Typically, the City is looking for contacts that are pathogen-based, unless the City is looking at an outbreak of unknown etiology, then the City is looking at individuals that may have been exposed to the same situation with similar symptoms.

Question 9: How involved is the City with whole genome sequencing in regards to identifying clusters or ill people, and/or identifying new cases to existing clusters/outbreaks? If the city has workflows that utilize this, is the ability to store genetic information linked to cases/outbreaks necessary for the system?

Response: If genome sequencing is available, it would be preferable to incorporate into the proposed system.

Question 10: If the City is planning on collecting sequencing data from patients, does the system need to develop and share that with state dept (DSHS?) as well?

Response: See question 9. If whole genome sequencing (WGS) is available, then yes, it will be ideal for it to be in the system. For example, the City is currently doing this for COVID patients. If it must be shared with the data system, that would depend on what is in the Message Mapping Guide (MMG) used by NEDSS.

Question 11: Regarding cloud hosting reliability, would the City want the proposed solution to be quoted at 99.99% only? Or would it be beneficial to provide standard options (99.9%) for comparison?

Response: Please provide a quote for the 99.99% reliability stated in the RFCSP. Respondents are welcome to include quotes for other options for comparison but please limit these to the Notes sections of Attachment B – Price Schedule which is the only document in the response that should contain any pricing or reference to pricing.

Question 12: Regarding data analysis, visualization and reporting, Should a particular business informatics system be targeted here or is the request to build the system with integration for specific BI system at choice of vendor?

Response: Currently R studio, Microsoft Excel, ArcGIS Pro, and Microsoft Office Suite are in use.

Question 13: How many conditions and pathogens does the City perform surveillance and outbreak response on? Will each condition or pathogen have different surveillance forms or information that is collected and stored in the system?

Response: Please refer to the Texas DSHS Notifiable Conditions list. There are 120 notifiable diseases and reportable conditions.

Question 14: Approximately, how much data will be collected on an annual basis to be stored in the new system?

Response: Case-wise in 2021, total infectious disease case volume in the Metro Health surveillance system was approximately 285,000 which consisted of about 3,000 non-COVID cases and 282,000 COVID cases.

Question 15: How many unique users will need access to the system? Approximately how many will be needing to use the system at the same time?

Response: Typical user load is about 100 to 200 users daily but could increase to 500 or more users during large-scale or long-term events. The volume of incoming data can vary widely throughout the year and, during outbreak/pandemic events, the system must be able to scale to meet demand.

Question 16: Regarding management of clusters of unknown etiology, how does the City currently manage such clusters (track cases, gather new information on existing cases, etc.), and identify potential cases that are part of that cluster?

Response: Outbreak management is currently performed in Microsoft Excel.

This aspect of the scope is left intentionally broad to allow a range of potential solutions from the respondents. This could be approached in several ways. Perhaps, leveraging of a type of artificial intelligence could monitor incoming cases and flag them for potential outbreaks. There could be a visualization component to visually identify clusters that will be flagged for an investigation as part of a potential cluster or outbreak.

Data will need to be tracked as calls or reports are received of a potential cluster of disease of either known or unknown etiology. There is a need for data to be tracked of unknown disease etiology because, for example, a school nurse may call and report several students with gastrointestinal symptoms and illness with unknown etiology. Demographics and epidemiological information are received about the cases in the cluster so the City needs the disease surveillance system to intake this information and convert the report into a case condition and investigation if a potential source can later be identified.

Question 17: In addition to Health District users, are there any external users that will need access to the system? For example, will personnel from hospitals or clinics be expected to directly enter data into the system?

Response: Not at this time.

Question 18: Can the scope requirement for bidirectionally shared data be further detailed?

Response: The data from NEDSS/NBS (THISIS and eHARS desired) needs to be bidirectionally shared with the new disease surveillance system to facilitate timely investigations. Data from the State NEDSS system and the Metro Health faxes should be automatically integrated bidirectionally into the system in near real-time, with jurisdiction validation, condition recognition and prioritization, as well as duplicate resolution (disambiguation). Manual entry into the system should be minimized, and the ability to perform both user-friendly quality assurance and duplicate (disambiguation) checks will be required.

Question 19: There are a number of tasks that are DSHS dependent. Should respondents propose milestones and costs based on a DSHS dependent completion, or do you have concrete assurances from DSHS that they have the resources to support the work in the timeframe allotted?

Response: The City currently has no assurances from DSHS.

Question 20: Does the City support and have licenses for any BI systems such as PowerBI, Tableau, or similar? Is this a reporting DB request for visualization and analysis, or a full BI system?

Response: The City does currently have limited licenses for Microsoft PowerBI. Epidemiology does not currently have licenses or use the program.

Question 21: Regarding the "ability to pull or import data/metrics (i.e., population data) from various sources," can the City provide a comprehensive list of "various sources"?

Response: The City currently uses American Community Survey data, Census data, and geographic data from ESRI. The State health department also provides population data sets.

Question 22: Referring to the following section of the scope "The system shall be able to receive files sent from local providers via e-fax, email, and courier, parse the file by individual, abstract the data, categorize and assign the files to the correct team, and store them within the system," will paper-based and faxed forms be processed using OCR technology? Will the existing OCR technology and processes remain in the ecosystem or is the successful vendor expected to replicate this technology? (Ref. Section 04 – Scope)

Response: If OCR is the solution you are suggesting, then yes. The files would need to be scanned in order to undergo that process. OCR can exist in its own ecosystem or be replicated within the vendor's system if that is the solution provided.

Question 23: As the proposed system must be able to integrate with RightFax and given the manual intervention/OCR requirements of paper/courier, are there plans to discontinue these processes in the future and move primarily to ELR/eICR? (Ref. Question 22)

Response: Not at this time. The City encourages providers to use ELR or electronic faxes whenever possible.

Question 24: Does the City have sample forms or file formats that it can provide? (Ref. Question 22)

Response: No samples can be provided due to PHI. Vendors may speak to hospitals and obtain more information about the formats used by various hospital systems. Some hospitals use Theradocs, EPIC, etc. Ideally, the City would like the vendor to incorporate more ELR and ECR to eliminate the medical record portion.

Question 25: For attachments received via email, what are the file types? (Ref. Question 22)

Response: Current filetypes include PDF, Excel, and Word documents.

Question 26: Will the City accept an alternative of providing SFTP connections to reporters for CSV file uploads? (Ref. Question 22)

Response: SFTP is a representative standard with the underlying intent being that all electronic file transmissions are encrypted via a method using strong encryption as required by HITECH. Respondents shall specify how the proposed solution meets this standard.

Question 27: As stated in the scope, "the system/method must be able to integrate with, and provide an export/import method for, data sharing with NEDSS/NBS with automated duplicate record resolution (disambiguation) with manual overrides." Is this requirement satisfied by near real-time interface, or does the system also need to import/export files generated from NBS/THISIS/eHARS etc? (Ref. Section 04 – Scope)

Response: Please see response to question 18 above.

Question 28: The schedule of events stops at "Proposal Due". What is the anticipated timeline for evaluation and selection?

Response: Please see response to question 6 above.

Question 29: With regards to the metadata parsing solution described in the RTM, would the City be willing to provide a sample document?

Response: Proposed solutions should use ELR/ECR standards. Please see response to question 24 above.

Question 30: In reference to the City's accessibility requirements, if a solution is WCAG/508 compliant and works with screen readers such as JAWS, does the City consider these requirements met?

Response: The vendor's solution must comply with the Americans with Disabilities Act (ADA).

Question 31: Will the City of San Antonio please extend the due date for proposals for an additional two business weeks?

Response: Please refer to Amendment 1 of this addendum.

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JJ/pf